
**FINAL RECOMMENDATION FOR
THE PROPOSAL TO ESTABLISH A CERTIFICATION PROGRAM
FOR GERIATRIC HEALTH CARE ASSISTANTS
January 4, 2006**

**Recommendation of the Joint Committee on Boards, Commissions,
and Consumer Protection (Joint Committee)**

ISSUE #1. (ESTABLISH A CERTIFICATION PROGRAM FOR GERIATRIC HEALTH CARE ASSISTANTS?) Should the state create a new category of health care provider to be known as Geriatric Health Care Assistant?

Recommendation: Establishing a new category of caregiver for use in skilled nursing facilities does not appear to substantively resolve the broad range of issues giving rise to California's nursing shortage, which appear to be primarily related to wages, benefits, working conditions and career ladder opportunities that will attract and retain people in the profession. Further, there may be opportunity for both supporters and opponents of this proposal to work collaboratively on these broader issues and achieve substantive progress on reducing the nursing shortage. Collaborative progress appears to have been made recently with the enactment of legislation to increase wages and staffing through the Medical reimbursement system. Further progress may be possible through a collaborative effort to expand access to education as a way to increase the number of nurses and as a means of career advancement.

Comments: The proposal before the Joint Committee for its consideration would create a new category of caregiver to be known as Geriatric Health Care Assistant (GHCA). As currently drafted, AB 704 would authorize GHCA's to perform the functions that are generally the same as functions currently performed by Certified Nurse Assistants (CNAs). However, in the sunrise questionnaire provided by the sponsors, the California Association of Health Facilities (CAHF), creation of the GHCA would include administering oral medications within their scope of practice, which currently must be administered by Licensed Vocational Nurses (LVNs), Registered Nurses (RNs), or doctors.

The sponsors and supporters of this proposal (CAHF and the California Association of Homes and Services for the Aging) offer the following statements regarding the widely acknowledged nursing shortage as the basis for this proposal:

"California's health care profession continues to struggle to find needed numbers of licensed nurses. The California Department of Health Services June 2001 and the California Board of Registered Nursing (BRN) June 2005 workforce report underscores the existing nursing shortage and forecasts that the supply of RNs and LVNs is not projected to keep pace with the growth rate of California's population over the next decade.

"California's skilled nursing facilities continue to fight to maintain an adequate licensed nurse workforce in the face of increasing competition within the health care profession for the diminished pool of available licensed nurses."

Proponents argue that creating the GHCA with the authority to administer oral medications, which would fit between CNA and LVN in the caregiver hierarchy, would reduce the nursing shortage in two ways. First, CAHF asserts that creating a GHCA with the authority to administer oral medications would help address the unprecedented nursing shortage and California's nurse staffing standards by reducing the routine and predictable workload of licensed nurses and thus freeing up their time for more complex tasks that will help improve the quality of care in nursing facilities. CAHF argues:

"Each day in California's SNFs [skilled nursing facilities], licensed nurses spend, on average, approximately 5 or more hours of their eight hour day administering oral medications. Given the inadequate supply of licensed nurses and the increased acuity of residents receiving care in SNFs, it seems clear that freeing licensed nurses from routine, predictable tasks and allowing them to assign such tasks to other appropriately trained, certified staff (i.e., a Medication Technician) supports delivery of quality care and services to people residing in SNFs."

"The benefits to the residents of skilled nursing facilities will be to receive more attention from the licensed nursing staff, who are currently tied to their medication carts, and do not have additional time to spend on assessment, care planning, directing and overseeing the activities of the caregivers who are implementing the resident's care plan, and modeling appropriate care techniques."

Second, CAHF also asserts that creating GHCA will help address the nursing shortage by reducing the turnover rate of licensed and certified nursing staff, arguing:

"In addition to the nursing shortage, skilled nursing facilities are also impacted by the turnover rate for licensed and certified nursing staff. Licensed nurses working in skilled nursing facilities often tire of doing 'rote' tasks, feel diminished job satisfaction and leave for other nursing venues. Similarly, certified nursing assistants (CNAs) have no real career ladder that allows them meaningful advancement within their caregiver category. As one result, CNAs frequently exit the health care job market for other jobs."

"...this new direct care category [GHCA] will provide a true career ladder for certified nurse assistants and will allow for the delivery of a higher level and intensity of clinical services by licensed nurses and will assist in addressing one aspect of the current and ongoing nursing shortage in California. By taking the certification classes to become a Medication Technician [GHCA], they can earn credits that can eventually be applied toward an LVN license. This will cut down on turnover that exists in skilled nursing facilities, and provide for a more stable and productive workforce."

In opposition to this proposal, the California Nurses Association and the Service Employees International Union (SEIU) argue that this proposal would merely "de-skill" the nursing profession without addressing the issues that have created the shortage of nurses. The California Nurses Association and SEIU state that the primary cause of the nursing shortage is low wages and benefits, and difficult working conditions. In its testimony on this proposal before the Joint Committee on November 17, 2005, SEIU stated:

"...in much of California, starting wages for certified nurse assistants are at \$7 an hour or below with no benefits and working conditions are made more difficult by persistent staffing shortages. Turnover in nursing homes remains around 70%: this is an improvement that results directly from better wages and staffing since 1999.

" Licensed vocational nurses and registered nurses who work in nursing homes are also paid below market wages for those positions and face short staffing that makes it difficult or impossible for them to provide safe care.

"The solution to low wages and short staffing is to improve wages and staffing."

With respect to providing career ladders for CNAs, the California Nurses Association notes:

"The California legislature has created the most flexible and inclusive career ladder in the nation for advancement to practice as a licensed nurse. A Certified Nurse Assistant with 51 months of acute care hospital experience can take an approved 54 hour pharmacology course and then apply to take the Licensed Vocational Nurse licensing examination. This is referred to as the 'equivalency' route to licensed practice. Once licensed in California, an LVN can apply to any nursing education program in California for what is called the 'LVN 30 unit option.' Successful completion of the nursing program, a program that cannot exceed 30 college units, qualifies the LVN to take the RN examination. Both of these programs provide opportunities for career mobility that no other state provides. In fact, LVNs licensed through the equivalency route and RNs licensed under the LVN '30 unit option' in California are not recognized in other states since they have not 'graduated' from accredited LVN or RN nursing programs. There is not a need for an additional career track step because the 'experience plus pharmacology course' track already exists in California within the LVN equivalency route, a route that assures minimum competency to engage in activities such as medication administration."

Further elaborating on career ladders for CNAs, the SEIU offers the following alternative:

"SEIU strongly supports genuine career ladder programs. Indeed within the past decade, three SEIU locals, 660, 434-B, and UHW, have run CNA training programs and other career ladder programs in the health professions.

"We strongly support a 20/20 program as the best solution for career ladders in health care. This is a program in which a worker works 20 hours a week, attends school 20 hours a week and is paid for working forty hours with the promise that the worker will spend some years working in underserved areas. A program like this existed in California in the 1970s. Without this arrangement, single mothers who are already working double shifts, making \$7 or \$8 an hour to support their families, have little or no chance to go to school to get ahead. A few employers have understood the need for such an arrangement but it is not sustainable without a broader program."

SEIU also cites a previous cooperative effort with many senior organizations and the nursing home industry to gain passage of legislation - AB 1629 (Frommer), Chapter 875, Statutes of 2004 - that improved nursing home wages and staffing through the state Medi-Cal reimbursement system, and goes on to state:

"We appreciate that those who bring you this proposal are well meaning. But adoption of it would endanger nursing home residents while doing little or nothing to correct chronic labor shortages in California's nursing homes. We want to acknowledge that both the author, Mr. Dymally, and the proponents have supported our efforts to improve wages and staffing in order to improve care and reduce the chronic labor shortages in nursing homes. We share their impatience with the slow progress we are making. But the answer to that is to implement further improvements in staffing and to allow the new system of reimbursement to improve wages and benefits, not to adopt this proposal."